

STANDARD CERTIFICATE OF DEATH

State File No. **47075**

FILED JAN 7 1958

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 3076		Registrar's No. 247	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give township) Nevada, Missouri		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY OR TOWN Nevada		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital				e. STREET ADDRESS (If rural, give location) 530 West Cherry Street			
3. NAME OF DECEASED (Type or Print) Sue		a. (First)		b. (Middle) Gibson		c. (Last) Todd	
4. DATE OF DEATH Dec. 28-1957		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH March 4, 1890		9. AGE (In years last birthday) 67		10. IF UNDER 1 YEAR Months 9 Days 24		11. IF UNDER 24 HRS. Hours 24 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY -----			
11. BIRTHPLACE (City and State or Foreign Country) Vernon County Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William M. Bunce		13b. MOTHER'S MAIDEN NAME Susan Hill		14. NAME OF HUSBAND OR WIFE Fred F. Todd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred F. Todd, Husband-Nevada, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity; Large ventral hernia General arteriosclerosis. Bronchial asthma				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from November 57 , to 12-28 , 19 57 , that I last saw the deceased alive on 12-28 , 19 57 , and that death occurred at 8:50A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) F. L. Martin				23b. ADDRESS W.D. 218 E. Hunter Nevada, Mo.		23c. DATE SIGNED 12-31-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 30, 1957		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park		24d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri	
DATE REC'D BY LOCAL REG 1-4-1958		REGISTRAR'S SIGNATURE Anna E. Furry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays Funeral Service, Inc. Nevada, Missouri			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4510

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No. 530
working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.